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Attorney Docket No. 5490C-266-1

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ASSISTANT COMMISSIONER FOR PATENTS  
BOX PATENT APPLICATION  
Washington, D.C. 20231

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By: *Marcus A. Starna*

Transmitted herewith for filing under 37 CFR 1.53(b) is the

- ☒ patent application of  
☐ continuation patent application of  
☐ divisional patent application of  
☐ continuation-in-part patent application of

Inventor(s)/Applicant Identifier: Alan F. Schatzberg and Joseph K. Belanoff

For: METHODS FOR TREATING PSYCHOSIS ASSOCIATED WITH GLUCOCORTICOID RELATED DYSFUNCTION

- ☒ This application claims priority from each of the following Application Nos./filing dates:  
PCT/US98/20906 filed 5 October 1998 which claims priority to Ser. No. 60/060,973 filed 6 October 1997  
the disclosure(s) of which is (are) incorporated by reference.
- ☒ Please amend this application by deleting the first paragraph of the specification and substituting therefor --This application is the U.S. national phase of and claims the benefit of PCT/US98/20906 filed 5 October 1998 which claims priority from U.S. Provisional Application No. 60/060,973, filed 6 October 1997.

Enclosed are:

- ☐ \_\_\_\_\_ sheet(s) of ☐ formal ☐ informal drawing(s).
- ☐ An assignment of the invention to \_\_\_\_\_
- ☒ A ☐ signed ☒ unsigned Declaration & Power of Attorney
- ☐ A ☐ signed ☐ unsigned Declaration.
- ☐ A Power of Attorney by Assignee with Certificate Under 37 CFR Section 3.73(b).
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 ☐ is enclosed ☐ was filed in the prior application and small entity status is still proper and desired.
- ☐ A certified copy of a \_\_\_\_\_ application.
- ☐ Information Disclosure Statement under 37 CFR 1.97.
- ☐ A petition to extend time to respond in the parent application.
- ☐ Notification of change of ☐ power of attorney ☐ correspondence address filed in prior application.
- ☐

(Col. 1)			(Col. 2)		SMALL ENTITY		OTHER THAN SMALL ENTITY		
FOR:	NO. FILED	NO. EXTRA			RATE	FEE	OR	RATE	FEE
BASIC FEE						\$380.00	OR		\$760.00
TOTAL CLAIMS	21	- 20	=	*1	x \$9.00 =		OR	x \$18.00 =	\$18.00
INDEP. CLAIMS	4	- 3	=	*1	x \$39.00 =		OR	x \$78.00 =	\$78.00
[ ] MULTIPLE DEPENDENT CLAIM PRESENTED					+ \$130.00 =		OR	+ \$260.00 =	
					TOTAL		OR	TOTAL	\$856.00

\* If the difference in Col. 1 is less than 0, enter "0" in Col. 2.

Please charge Deposit Account No. 20-1430 as follows:

- ☒ Filing fee \$ 0
- ☒ Any additional fees associated with this paper or during the pendency of this application:
- ☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b)

☐ A check for \$ \_\_\_\_\_ is enclosed.

2 extra copies of this sheet are enclosed.

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Respectfully submitted,

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